Complete Summary

TITLE

Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C with genotype 1 or 4 who are receiving antiviral treatment at week 24 for whom quantitative HCV RNA testing was performed at 24 weeks of treatment.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C with genotype 1 or 4 who are receiving antiviral treatment at week 24 for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed at 24 weeks of treatment.

RATIONALE

Monitor effectiveness of antiviral therapy. In patients with genotype 1, therapy can be stopped early if hepatitis C virus (HCV) ribonucleic acid (RNA) levels have not decreased by at least two $\log_{10}$ units at week 12, as studies have shown that genotype 1 patients without this amount of decrease in HCV RNA are unlikely to

have a sustained response (likelihood is less than 1 percent). In situations where HCV RNA levels are not obtainable, repeat testing for HCV RNA by polymerase chain reaction (PCR) or transcription mediated amplification (TMA) should be done at 24 weeks and therapy stopped if HCV RNA is still present, as a sustained response is unlikely.* (National Institutes of Health [NIH])

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Measure blood counts and aminotransferase levels at weeks 1, 2, and 4 and at 4- to 8-week intervals thereafter. (NIH)

In patients with genotype 1, measure HCV RNA levels immediately before therapy and again (by the same method) at week 12. Therapy can be stopped early if HCV RNA levels have not decreased by at least two $\log_{10}$ units, as studies have shown that genotype 1 patients without this amount of decrease in HCV RNA are unlikely to have a sustained response (likelihood is less than 1 percent). In situations where HCV RNA levels are not obtainable, repeat testing for HCV RNA by PCR or TMA should be done at 24 weeks and therapy stopped if HCV RNA is still present, as a sustained response is unlikely (likelihood is less than 1 percent). (NIH)

Patients with genotype 1 who are HCV RNA negative at 24 weeks should continue therapy to a full 48 weeks. (NIH)

[For patients with genotype-1 HCV infection], treatment with peginterferon plus ribavirin should be planned for 48 weeks, using ribavirin doses of 1,000 mg for those less than or equal to 75 kg in weight and 1,200 mg for those more than 75 kg. (American Association for the Study of Liver Diseases [AASLD])

For patients with genotype 4, 48 weeks of treatment with pegylated interferon (PEG-IFN) alfa plus full-dose (1000-1200 mg) ribavirin is recommended. (American Gastroenterological Association [AGA])

PRIMARY CLINICAL COMPONENT

Chronic hepatitis C virus (HCV); genotype 1 or 4; quantitative HCV; ribonucleic acid (RNA) testing

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of chronic hepatitis C with genotype 1 or 4 who are receiving antiviral treatment at week 24 (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed at 24 weeks of antiviral treatment

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Diagnosis, management, and treatment of hepatitis C.
- American Gastroenterological Association medical position statement on the management of hepatitis C.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of chronic hepatitis C with genotype 1 or 4 who are receiving antiviral treatment at week 24

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patients aged 18 years and older with a diagnosis of chronic hepatitis C with genotype 1 or 4 who are receiving antiviral treatment at week 24

Exclusions

- Documentation of medical reason(s) for not performing quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) at 24 weeks
- Documentation of patient reason(s) for not performing quantitative HCV RNA at 24 weeks
- Documentation of system reason(s) for not performing quantitative HCV RNA at 24 weeks

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed at 24 weeks of antiviral treatment

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #10: HCV RNA testing at week 24 of treatment.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Hepatitis C Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American Gastroenterological Association Institute and Physician Consortium for Performance Improvement®

DEVELOPER

American Gastroenterological Association Institute
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Dec

REVISION DATE

2008 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

MEASURE AVAILABILITY

The individual measure, "Measure #10: HCV RNA Testing at Week 24 of Treatment," is published in "Hepatitis C Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 27, 2009. The information was verified by the measure developer on May 21, 2009.

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